

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JS</i>	<i>28-55-01-18</i>	
O.I.P.E. CLASSIFIER		<i>18</i>	<i>23-06</i>
FORMALITY REVIEW	<i>LZ</i>	<i>7-3-883</i>	<i>10-06-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/2/00
2	✓	✓	6/2/00
3	✓	✓	6/2/00
4	✓	✓	6/2/00
5	✓	✓	6/2/00
6	✓	✓	6/2/00
7	✓	✓	6/2/00
8	✓	✓	6/2/00
9	✓	✓	6/2/00
10	✓	✓	6/2/00
11	✓	✓	6/2/00
12	✓	✓	6/2/00
13	✓	✓	6/2/00
14	✓	✓	6/2/00
15	✓	✓	6/2/00
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If more than 150 claims or 10 actions  
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3c973 U.S. PTO  
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Form PTO-43  
(Rev. 6/99)